

CORPORATION NAME

NUMBER AND STREET

CITY OR TOWN, STATE, ZIP CODE

MTS/MO I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER

Check Applicable Boxes ☐ Amended Return ☐ Address Change ☐ Final Corporate Income Tax Return ☐ Bankruptcy ☐ Name Change

MAIL TO:

Balance Due

Missouri Department of Revenue  
P.O. Box 3365  
Jefferson City, MO 65105-3365

MAIL TO:

Refund or No Amount Due

Missouri Department of Revenue  
P.O. Box 700  
Jefferson City, MO 65105-0700



FORM MO-1120S

Missouri S Corporation  
INCOME TAX  
Return for 2004

Beginning \_\_\_\_\_, 20\_\_\_\_  
Ending \_\_\_\_\_, 20\_\_\_\_

Missouri S Corporation  
FRANCHISE TAX  
Return for 2005

Beginning \_\_\_\_\_, 20\_\_\_\_  
Ending \_\_\_\_\_, 20\_\_\_\_

Balance Sheet Date (MMDDYY)

- ☐ B. Return filed for BOTH (income and franchise)  
☐ C. Return filed for INCOME tax only  
☐ D. Return filed for FRANCHISE tax only

☐ A. Check this box and sign below if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe franchise tax. If your assets do exceed the \$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 14 below.

- S CORP. 1. Does the S corporation have ANY Missouri modifications? ☐ YES ☐ NO If YES, complete Lines 1-13 below and page 2.  
2. Does the S corporation have ANY nonresident shareholders? ☐ YES ☐ NO If YES, complete Lines 1-13 below and Schedule MO-NRS.  
3. Does S corporation have income derived from sources other than Missouri? ☐ YES ☐ NO If YES, complete and attach Schedule MO-MSS.

MISSOURI S CORPORATION ADJUSTMENT

1a. State and local income taxes deducted on Federal Form 1120S 1a 00  
1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1. 1b 00 1 00  
2a. State and local bond interest (except Missouri) 2a 00  
2b. Less: related expenses (omit if less than \$500) 2b 00 2 00  
Enter Line 2a less Line 2b on Line 2  
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list \_\_\_\_\_) 3 00  
4. Missouri depreciation basis adjustment (Section 143.121.2(c) RSMo) 4 00  
5. Total of Lines 1 through 4 5 00

Subtractions (attach detailed explanation of each item)

6a. Interest from exempt federal obligations 6a 00  
6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6. 6b 00 6 00  
7. Amount of any state income tax refund included in federal ordinary income 7 00  
8. Federally taxable — Missouri exempt obligations 8 00  
9. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list \_\_\_\_\_) 9 00  
10. Missouri depreciation basis adjustment (Section 143.121.3(g) RSMo) 10 00  
11. Depreciation recovery on qualified property that is sold (Section 143.121.3 (h) RSMo) 11 00  
12. Total of Lines 6 through 11 12 00  
13. Missouri S corporation adjustment — NET ADDITION — excess Line 5 over Line 12 13 00  
14. Missouri S corporation adjustment — NET SUBTRACTION — excess Line 12 over Line 5 14 00

FRANCHISE TAX

15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet) 15 00  
16. Tax credits — (attach Form MO-TC) 16 00  
17. Approved overpayments applied from last file period 17 00  
18. Payments with Form MO-7004 18 00  
19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return 19 00  
20. Subtotal — add Lines 16 through 19 20 00  
21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted 21 00  
22. Total — Line 20 less Line 21 22 00

REFUND/TAX DUE

23. If Line 22 is greater than Line 15, enter OVERPAYMENT here 23 00  
24. Overpayment to be applied to next filing period 24 00  
25. Overpayment to be refunded — Line 23 less Line 24 25 00  
26. If Line 22 is less than Line 15 enter UNDERPAYMENT here 26 00  
27. Enter total amount on Line 27 Interest \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_ 27 00  
28. TOTAL DUE — add Lines 26 and 27 (U.S. funds only) 28 00

SIGNATURE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.

SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER PHONE NUMBER DATE SIGNED ☐ YES ☐ NO DOR ONLY ☐ S ☐ E ☐ B

PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN PHONE NUMBER DATE SIGNED

**ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS**

CORPORATION NAME		MITS/MO I.D. NUMBER		CHARTER NUMBER		FEIN NUMBER	
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.	2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER		4. SHAREHOLDER'S SHARE %	5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION		
a)	<input type="checkbox"/>			%			00
b)	<input type="checkbox"/>			%			00
c)	<input type="checkbox"/>			%			00
d)	<input type="checkbox"/>			%			00
e)	<input type="checkbox"/>			%			00
f)	<input type="checkbox"/>			%			00
g)	<input type="checkbox"/>			%			00
h)	<input type="checkbox"/>			%			00
i)	<input type="checkbox"/>			%			00
j)	<input type="checkbox"/>			%			00
k)	<input type="checkbox"/>			%			00
l)	<input type="checkbox"/>			%			00
m)	<input type="checkbox"/>			%			00
n)	<input type="checkbox"/>			%			00
o)	<input type="checkbox"/>			%			00
p)	<input type="checkbox"/>			%			00
q)	<input type="checkbox"/>			%			00
r)	<input type="checkbox"/>			%			00
s)	<input type="checkbox"/>			%			00
t)	<input type="checkbox"/>			%			00
u)	<input type="checkbox"/>			%			00
v)	<input type="checkbox"/>			%			00
w)	<input type="checkbox"/>			%			00
x)	<input type="checkbox"/>			%			00
<b>TOTAL</b>				100 %			00

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 12 or 13, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.